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## BIB DATA SHEET

CONFIRMATION NO. 8225

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/712,391	11/12/2003 RULE	435	1652	B0801.70256US01	
<b>APPLICANTS</b> Gerald B. Pier, Brookline, MA; Kimberly Jefferson, Dedham, MA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/425,569 11/12/2002 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 03/17/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /CHRISTIAN L FRONDA/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance  Initials	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWINGS</b> 8	<b>TOTAL CLAIMS</b> 32	<b>INDEPENDENT CLAIMS</b> 15
<b>ADDRESS</b> Maria A. Trevisan Wolf, Greenfield & Sacks, P.C. 600 Atlantic Avenue Boston, MA 02210 UNITED STATES					
<b>TITLE</b> Methods and products for treating staphylococcal infections					
<b>FILING FEE RECEIVED</b> 1074	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		